

Date Rec'd _____
Case Number _____

OFFICE USE ONLY

**PUBLIC WORKS DEPARTMENT
CONTRACTOR COMPLAINT AFFIDAVIT**

STATE OF _____)

COMPANY OR PERSON
COMPLAINING AGAINST _____

COUNTY OF _____)

BEFORE ME, the undersigned authority, this day personally appeared

(Mr./Mrs./Ms.) _____
(circle one) (print or type your name)

(address)

(city, state, zip)

(home phone) _____ (work phone) _____ (age) _____
to me well known, and who, after being duly sworn and deposed, upon his/her
personal knowledge, state:

SUBJECT OF COMPLAINT

1. I have a complaint against:

Name _____
(person and/or company)

Address _____ Telephone _____

_____ Occupation _____

City _____ State _____

Zip _____ License # (if known) _____

Is a private Attorney involved? _____

2. I first learned of the above-named person or company through (example-the telephone, newspaper, etc.) _____

3. The following documents are included: (contracts, records, document, bills, correspondence) _____

4. I (have) (have not) contacted the above-mentioned subject concerning the complaint. (Dates contacted) _____

[illegible]

by check _____ money order _____ other _____

8. Attached hereto and made part hereof are the following copies of documents relating to this complaint.

9. FURTHER AFFIANT sayeth naught.

(Your Signature)

(Social Security Number)

SORN TO AND SUBSCRIBED BEFORE me this _____ day of _____, 20____.

Notary Public

State of _____

(Print, type or stamp commissioned name of Notary Public)

Personally known _____ or
Produced Identification _____

Type of Identification Produced: _____